MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04355

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn lofants give residence of mother) State County County County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	
mis lang mue Bennett	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tenule whate pured 5.(b) Name of husband on mile M. a. Clell B. ensett	MEDICAL CERTIFICATION 2D. DATE DF DEATH 19.4 2	S/a. M
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 10- 15- hrs min	Immediate cause of death DURA Cardine failure. 4 276	
9. Birthplace. Eastan Juliat Marefand 10. Usual occupation.	Due to. Paralytic illus 2ds	yr
11. Industry or business Ch Home 12. Name	Dither conditions Ca down a Tricos was [Include pregnancy within 3 months of death]	
14. Maiden name Maggie Colleman 15. Birthplace Factor Md 18. Informant William Caret	Major findings of operations Culture triance of op. 29 april	047
Address Sastra . Kary Carl 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, aulcide, or homicide	
Location 18. Funeral director Cemetery or crematory. Description Compared to the compared	Where did injury occur?	••••••
Address Sostoy, Add. 19. 5 6 19 47 Newson Registrar) (Date red by registrar) (Date red by registrar)	23. SIGNATURE / peus tan Haurian M. D. Cartan Many Dror other	· · ·

MAY 9 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Ar Gerhauss Rog. Dist. No. 29

		-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	+
City or town (If outside city or town limits, write RURAL and give nearest town)	5 + 05	
How long in above place of death?	City or town	arest town)
BUSINES HISTITUTION, OF STOCK BUSINESS WHICH COUNTY	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security	Number
Chaineeyel. Burges		
4. Sex 5. Color or race 6.(a) Single, married, wildowed for divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.4/	6450
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deci	
7. 8irth date at	and that I last saw h. hononalive on	19.4.7
8. AGE: Years Months Days If less than one day	Immediate cause of death	OURATION
47 H 27min.	willia	3
9. Birthplace James County, and state)	Oue to	
10. Usual occupation A Market Translation	Due to	**
tt. Industry or business		
t2. Name 12.	Dither conditions	
t4. Malden name f.	(Include pregnancy within 3 months of death) Major findings of operations	
9 15. Birthplace A Rell Fork		
to. Informant 6 10. Pallegelf	Antoppy results	statistically.
Address All Coult full	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	/
17 /2006/18/5 Date thereof Jan 1997	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (port) (day) (year)	Where did injury occur?	
Cemetery or crematory of the state of the st		(State)
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
18. Funeral director Addition D. March March March 18.	mague of mileta	
Address (MOTO)	23. SIGNATURE OS Oukins m	\$.
19. 5 12 (Date rec'd by registrar) 19. 47 Registrar	Address Royal Oak, md Date signed	5 111-47
, ,	The state of the s	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Talbot County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Talbot		
City or town St. Michaels Maryland (If outside city or town limits, write RURAL and give nearest town)	State		
(If outside city or town limits, write RURAL and give nearest town)	City or town St. Michaels		
Now long in above place of death?	(If outside city or town limits, write RURAL and give neares	t town)	
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospital or institution?	(if rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME John Wallace Bush	3. (b) Social Security Nu	mber	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	Vor 89 AT	7.004	
715 3-1	20. DATE OF DEATH May 22 19.47 of		
6.(6) Name of hosband or wife. Jessie Peterkin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased		
	May 9, 1947 to May 22,	19.4	
7. Birth date of Oat obox 5 1865	ond that I last saw himalive on	1947	
deceased (mo., doy, yr.) 8. AGE: Years Months Bays If less than one day	Immediate cause of death	DURATION	
81 7 16	Chronic Nephritis	2 years 12 Days	
		12 Days	
9. Birthplace Central Valley, New York (Town, county, and state)	Due to Hypertrophied prostate,		
(Town, county, and state)	(benign)	10 yrs	
19. Usual occupation Par mer	Bue to		
11. Industry or bosiness			
E 12 Name unknown	Other conditions Chronic Myocarditis	2 yrs.	
13. Birtholace unknown			
Martha Ford	(Include pregnancy within 3 months of death)		
	Major findings of operations		
2 15. Birthplace unknown	Date of op.	,	
18. Informant John M. Bush	Autopsy results.		
St. Michaels, Maryland	PHYSICIAN: Please underline the cause to which death should be charged state	istically.	
Andreas	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial (Burial, cremation, or removal, Which?) Bote thereof. May 24, 194 (month) (day) (year)	Accident, suicide, or homicide	***************************************	
07.1	Where did injury occur? (City or town) (County) (S		
Cemelery or crematory Olivet St. Michaels, Md.		tate)	
	Injured at home, farm, Industry, public place (where?)	••••••	
18. Funeral director. Newnam & Harrison	Means of injury Injured at work?		
Ct Machaela Manuland	Wall All 18 1/2	1, 9	
Address St. Michaels, Maryland	23. SIGNATURE HOUSE THE Drinks V	4.2.	
19 May 53 19 43 Jua 8-14,2 Seth	M, D. or o	/22/47	
(Date rec'd by registrar) Regist	trar Address Date signed Date signed	12271	

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826	shown		on	0		

1. PLACE OF DEATH:

How long in above place of death?...... Hospital, institution, or freet addres

How long in hospital or institution?..

6.(b) Name of husband or wife......

7. Birth dale of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usual occupation.....
11. Industry or business

13. Birthplace

Bunal (Burlal, cremation, or removal.

(Date rec'd hy registrar)

14. Malden name. 15. Birthplace

18. Funeral director.

16. Informant Address 5. Color or I

Months

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County.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FILM No. G 110 MAY 22 1947 CERTIFICATE OF DEATH

town limits, write RURAL and give nearest town)	State County County County City or town County City or town City or to
w C. Collins	5(0)
ace 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MANY 1847, 21 8 9 M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.47. to 19.47. and that I last saw he alive on 19.47. Immediate cause of death DURATION 21. A Company of the date above stated: that I attended deceased from 19.47. DURATION 21. A Company of the date above stated: that I alive above stated: that I alive above stated: the last saw he are alive on 19.47. 1. A Company of the date above stated: that I alive above stated: the last saw he are aliv
(Towg, county, and state)	Due to
mon S. Collins	Other conditions
ry S. Campu rehister a 2. Collino	(Include pregnancy within 3 months of death) Major fisdings of operations
Oucust St. Saston, Md. Date thereof May 12 1447. Which?) (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
hards cenatry	Where dld injury occur?
TSI. Easter Sed. 47 N.H. Mercer Registrar	23. SIGNATURE Address 200 Date signed

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MAY 17 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0	LZ,	J	C	J

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Calcot	(For newborn infants give residence of mother)
Cily or town M. Danel	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town M. Daniel
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
	Sireet No
Now long in hospital or institution?	
3. (a) FULL NAME	2.(a) If veleran, name war
Charles J. Conway	3. (b) Social Security Number
	now.
4. Sex 5. Color or race 6.(α) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION
male colored married	20. DATE DE DEATH May 4 19 47, at 1:15 P, M
(H P.	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(c) If alive, give age 60 years	may 1 19 47 10 may 1 19 47
7. Birth date of deceased (mo., day, yr.) Lec. 25-1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
63 4 10 hrs. min.	anous rayorarais 6 yrs.
With the standard of the	
9. Birthplace	Due to
Bartonder	
1D. Usual occupation	Due to
11. Industry or business	p.f.
12. Name & amuel B. Conway 13. 8irthplace White Fram Ind.	Dihar conditions of florine Endocuding 6 yes.
	Waketer mellilis 6 yrs.
14. Maiden name Olivia Dachiels 15. Birthplace White Hayon md	(Include pregnancy within 8 months of death)
5 Whit 3/4 Que 2014	Major findings of operations
21 15. Birthplace	Date of op
16. Informant Mus Janette Conway	Autopsy results
Address M. Laniel Ind.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Brief May 7. 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Temetery	Where dld injury occur?
East of Mil	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director / lwnam + Warran	Means of Injury Injured 2) work?
Address alt michaels Ind.	Kole ty Briefs M.
	23. SIGNATURE
(Date see'd by registrar)	Mich all Med Man 194
(Date rec d by registrar) Registrar	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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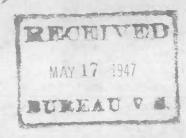
CERTIFICATE OF DEATH

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/ \$ OZKIM 1011	Reg. Dist. No.	
1. PLACE OF DEATH: County 2. City of town. (If outside city or town limits, write RURAL and give near street address where death occurred: 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale	wn)
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME Louise Cooper	3. (b) Social Security Numbe	F
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.47. at	
6.(b) Name of husband or wife 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	19.47
7. Birth date of deceased (mo., day, yr.) Tell 9 86 8. AGE: Years Months Days If less than one day		DURATION
9. Birthplace Auc Auc Auc (Town, county, and state)	Due to artura, eleva is ?	
10. Usual occupation	Due 10	
12. Name Selffully Later 13. Birthplace Mausalle Short The	Other conditions	
14. Maiden name Auna E- Kyllhold 15. Birthplace, Marlake Lhore W.A.	Major findings of operations. Dale of op.	
16. Informant former de light Ubaca	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.
17 Burial Bare thereof May 12 1447 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	************
Cometery or cromatory. Location Location Management of the Communication of the Communicatio	Where did injury occur?	<u>:</u>)
19. Funeral director for which the state of	Mesns of Injury Injured at work?	
19. 5 / 2 19 47 Delilar	23. SIGNATURE M. D. or other Address & YE. Rove Center Bate signed 2 M.	447

Journal/

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			in.	

	Reg. Diat. No.
1. PLACE OF DEATH County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State State County
City or town	City or iown (1f outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	Street No
3. (a) FULL NAME Auline H. Vooger	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MANA 11 1947, 21 5A: M
6.(b) Name of husband or wife 6.(c) Halive, give age 7. Bigth date of	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19 1 7 to 11 11 11 11 11 11 11 11 11 11 11 11 11
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 3 9 4 hrs. min.	Immediato cause of death DUBATION 2011
9. Birthplace (Town, county, and state)	Due to. Carried Sigh
11. Industry or business	Due to
12. Name Blannith. 13. Birthplace	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Wattis Komas 15. Birthplace	Major findings of operations
Address 56 W 117 Mts Cast 10 N. 4.	Antopsy results
17. Buria (Burial, cremation, or removal, Which?) Date thereof 17 21 17 1947. (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to externat causes, fill in the tollowing: Accident, suicide, or homicide
togeter or crematory marling there is to be to the control of the	Where did injury occur?
18. Funeral director Assault Sansault	Means of Injury Injured at work?
19. May 17. 19.47 Della Com (Data rec'nt) registrar) Registrar	23. SIGNATURE Faifyard M.D. or other Address 5- + 9 + 0 M. M. D. or other Address 5- + 9 + 0 M. M. D. bate signed 3 1/2 1/7.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 35294

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother) State Court City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas Theory Co	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widower, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Due to Hypertensiers 7400
10. Usual occupation. 11. Industry or business 12. Name 11. Industry or business 13. Birthplace	Due to O 2 7 00
13. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations
Address Color Roman Dress	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. V10LENCE: if death was due to external causes, Ill in the following; Accident, suicide, or homicide
Location	Injured at home, farm, Industry, public place (where?)
Address Addres	23. SIGNATURE M. D. or other Address Date signed Line 18

JUN 6 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04363

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH: CountyTalbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or have Royal Oak	State Maryland County Talbot
City or town ROYAL Oak (If outside city or town limits, write RURAL and give nearest town)	City or town ROYAL Oak (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Sireet No
Baw long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fannie L. Denny	None
Psemale 5. Color Nice 8.(a) Single married wild word, or divorced	MEDICAL CERTIFICATION4/
	20. DATE OF DEATH May 75 19 10 at 5 + A
8.(6) Namo of hosband or wife J. Hall Denny	21. I CERTIFY that death occurred on the date above stated; that intended deceased from
8.(0) Namo of hosband or wile with the same and the same	
7. Birth date af	and that I last saw halive on
decensed (ma., day, yr.) Oct, 28 1858	Immediate ogue of death
0. Add.	Chronie Myscardites
	engine payounds
s. Birthplace Royal Oak, Maryland (Town, county, and state)	Due to.
fo. Usual occupation. House wife	, and the same of
11. Industry or business	Due to
	-
12 Name Nicholas Leonard 12 Name Royal Oak, Talbot Vo. Md.	Other conditions
f 4 Malden name Mary Towsend	(Include pregnancy within 8 months of death)
14. Malden name Mary Towsendo	Major findings of operations.
Mrs. William Denny	- Oate of np
18. Informant MITS. ELLL 2003	Actorsy results
Address Royal Oak, Talbot Co. Md.	
Burial Burial Date thereof May 27 194 (Barial, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the fallawing: Accident, suicido, or hamicide
Cemetery ar crematarySpringhill Cemetery	
Location Easton, Maryland	Injured at homo, farm, industry, public place (where?)
18. Funeral director Newnam & Harrison	Means of Injury injured at work?
Address St Michaela Md	Laurie (World Mi)
M. M. Colle	23. SIGNATURE M. D. gr other
19. May 16 19.47 Mis Post. R. Selly (Date rec'd by registrar) Registrar	111100 111 1556-15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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How long in above prace of death?		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Count City or town (If outside city or town iimits.) Street No. (If rural, give L 2.(a) If veteran, name war.	write RURAL and give nearest town)
3.(a) FULL NAME Longe Herb	lest Dahran		3. (b) Social Security Number 216-09-4496
4. Sex Thate so hit 6.(b) Name of husband or wife	6.(a)Single, married, widowed, or divorced Married Augustian Lobes (a) (a) 11 alive, give age	20. DATE OF DEATH. The arg. //	e stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) These 8. AGE: Years Months	Days If less than one day Here was the second of the seco	Immediate cause of death	
9. Birthplace	va, doubty, and state)	Due to. Due to. Due to.	i generalis 1 year
H 12. Name Welleaue	a me	Other conditions	onths of death)
14. Malden name. And Comments of the Comments	iack (1) Dal 1	Major findings of operations.	Date of op
16. Informant Defore	I ma.	Autopsy results PHYSICIAN: Please underline the cause to which 22. VIOLENCE: If death was due to external cause	ch death should be charged statistically.
17 (Burial, cremation, or removal, Whice		Accident, suicide, or homicide	Date of
Cemetery or crematory	d Ms (mrst)	Where did injury occur?	ere?)
1B. Funeral director. Management Address Kastow	the E Theracut Joan	Means of Injury	Injured at work?
19	Registrar	23. SIGNATURE.	M. D. or other 200 Date signed 5/13/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1, PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Avalon	stat Massachusetts count Suffolk	
(If ontside city or town limits, write RURAL and give nearest town) Now long in above place of death? 15 Months	City or town Boston (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Avalon, Md.	Street No. (If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Hannah Emily Jernberg	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20, DATE DE DEATH 12 May 19 47 at 1 - A M	
John G. Jernberg	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
6.(0) Name of nuseand or wile	9 July 1946 to 12 May 19 147	
7. Birth date of	and that I last saw h. A. allys on A. L. D. Marg. 1847	
deceased (mo., day, yr.) 8 AGE: Years Months Days if less than one day	Immediate cause of death (Isllyso - Vascula DURATION	
70	accident (Stroke) 25 days	
79 4 5min.		
9. Birthplace. Frederikshald, Norway (Town, county, and state)	Due to Reperleusion unturn	
10. Usual occupation Housewife		
11. Industry or business	Due to	
12. Name Nils Thoresen 13. Birthplace Frederikshald, Norway	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Gurina Marie Anderson 15. Birthplace Frederikshald, Norway	Major findings of operations.	
\$ 15. Birthplace Frederikshald, Norway	Bate of op.	
16. Informant Gladys S. George	Antopsy results	
Address Avalon, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial Boto therest May 15, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
cemetery or crematory Cedar Grove Cemetery	Where did injury occur?	
Location Boston, Mass.	Injured at home, farm, industry, public place (where?)	
18. Funeral director. Newnam & Harrison	Means of injury Injured at work?	
10. Fullet 81 discolor	sell la M	
Address St. Michaels Nd.	23. SIGNATURE.	
19. (Date ree'd by registrar) Registrar	Address St Michaels Md Date signed 12 May 47	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

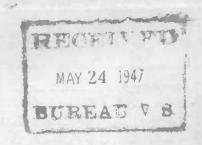
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04366

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County Sall t	State maryland County Text
City or town (If outside city or town limits, write RURAL and give nearest town)	Mariate mod R 21
How long in bove place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Detitution, or street address where death occurred:	Street No.
2 4	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3 (a) FULL NAME	3. (b) Social Security Number
mayorie Jahman	
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J B morried	20. DATE OF DEATH May 17 1947, at 8 a.
6.(b) Name of husband or wife Wilbert Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and thet I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
34min.	
9. Birthplace Chestertown Kent - Md.	Oue to. Hensoykage?
granile	0 00 0
	Oue to Carolina Salara Carolin
11. Industry or business	20 it is a seal of
12. Name	Other conditions Salgrangetin warted garren hand
# 14. Maiden name Lillaw anderlaw	(Include pregnancy within 3 months of death)
15. Birthplace Kent Country, And.	Major findings of operations.
16, Informant Service	Autopsy results Not altained
As 1 ag tates had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A Chile No no 90 1940	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director A Stylker Holmer	Means of Injury Injured at work?
Address (Sestentian M)	STB Quellar MD.
5/17 47 m. R. nowwy	23. SIGNATURE M. D. or other
(Date rec'll by registrar)	Address Costan TVA Date signed 5/21/42



2411 N. Charles St., Baltimore

88

04367

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Talks		
(If of like city or town limits, write RURAL and give nearest town)	State	
How long in above all e of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
marial Hospital	(If rural, give LOCATION)	
How lang In hospital or Institution?	2.(a) If veteran, name war	
(a) FULL NAME	3. (b) Social Security Number	
Edward Kellum		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m B.	20. DATE OF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended doceased from	
7. Birth date of	and thet I last saw h. Ann. alive on 10 Mag 19 47	
deceased (mo., day. yr.) Merkerbar	Immediate cause of death Para lust bucuing itie DURATION	
8. AGE: Years Months Days If less than one day	?	
approx 30nrsmin.		
9. Birthplace (Town, county, and state)	Due to Orlis hel cellu like ?	
10. Usual occupation.	Bus to	
11. Industry or business	PU0 10-11-11-11-11-11-11-11-11-11-11-11-11-1	
12. Name 12. Name 13. Birthplace	Other conditions	
13. Birihplace	(Include pregnancy within 3 months of death)	
HE 14. Malden name 15. Birthplace 15.	Major findings of operations	
15. Birthplace	Rate of an	
16. Informant (LOV) Herens	Antoney results. Are above	
Address Easton, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
B . S. A. 141	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or prepatory	Where did Injury occur?	
Location Unana Vag	Injured at home, farm, industry, public place (where?)	
1/2 milloure	Means of Injury Injured 2t work?	
18. Funeral director	There for Havison le.D.	
Address 3 10 south of case	23. SIGNATURE / heur Thu Walles de M. D. or other.	
19. (Date ree'd by registrar) 19.47. All Delication Registrar	Address Cantaen hay land Date signed 6 kg 47	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib MARGIN RESERVED FOR BINDING

RECEIVED

MAY 26 1947

BUREAU V &

PLEASH

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55 N

CERTIFICATE OF DEATH

(4368 Reg. Diat. No. 294

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City or fown. Til cluman City or town limits, write RURAL and give meanest town)	Til ahman	****************	***************************************			
Sirect Ro. ((Frural, give LOCATION)	(If outside city or tow	n limits, write I	URAL and give nearest town)			• • • • • • • • • • • • • • • • • • • •
Sired No. ((Frank, or street address where death occurred: Sired No. ((Frank), give LOCATION)	How long in above place of death?	ife		(If outside city or town li	imits, write RURAL and give n	earest town)
Rev hog is hespital or instituction? 2.(a) if orbital, name was 3.(b) Social Security Number 3.(b) Social Security Number 3.(b) Social Security Number 1.5 Color or race 5. Color or race 5						
3. (a) FULL NAME J. Wesley Learning Male White Married, widewed, or diverced Male White Married, widewed, or diverced Married 8. (b) Name of bushand or wife. Evelyn S. Fairbank 8. (c) Hame of bushand or wife. Evelyn S. Fairbank 7. Birth date of decreased (mo. day, r.d) August 1902 8. AGE: Tears Moothe Bays (flost than one day 44 8 27 hrs. min. 9. Sirthplace Tilghman 11. Industry or besidess 12. Learning 13. Sirthplace Tilghman 14. Saiden name. Virginia Sinclair 15. Sirthplace Tilghman More Tilg			***************************************			
4. Set	How loog in hospital or institution?			2.(a) If veteran, name war		
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### MEDICAL CERTIFICATION ### MEDICAL CERTIFICA	J. Wesley Ledr	1 2 m			none	
male white married a.(b) Name of bushand or wife. Evelyn S. Fairbank 7. Birth date of deceased (mc, day, r.) August 4, 1902 8. AGE: rear Moeths Days If less than one day 44 8 27	4. Sex 5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL.		
8. (c) Hame of husband or wife. Evelyn S. Fairbank 7. Birth date of Gecased (mo., day, rr.) August 4, 1902 8. AGE: Year Mooths Days If less than one day 44 8 27 hr. min. 9. Birth place. Tilghman 10. Usual eccaption. Waterman 11. Industry or basiness 12. Raes. Charles T. Lednum 13. Birthplace Tilghman 14. Maiden name. Virginia Sinclair 15. Birthplace Tilghman 16. Informat Mrs. J. Wesley Lednum Address Tilghman, Md. 17. Burial 18. Purial 19. J. Wesley Lednum Address Tilghman, Md. 19. Lednum Autopy results. Physician: Usual in the following: Mary occur? Cemetery or crematory. Cemetery Location Tilghman, Md. 18. Fairbank Autopy results. Physician: Subcide, or homicide. Date of month of the month of the cause to which death should be charged statistically. Mary did following: Mary occur? Cemetery Cemetery Cemetery Location Tilghman, Md. 18. Fairbank Autopy results. Physician: Subcide, or homicide. Date of month of the month of th	m = 1			7114	/	UD
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8. AGE: tears Mooths Days It less than one day 44 8 27	7. Right date of	6.(e) If alive, give agoye			1181
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Address Tilghman, Md. Burial Burial Burial Cemetery Cemetery or crematory Location Tilghman, Md. Tilghman, Md. Burial Cemetery Cemetery Company Com	是 14. Malden name VIIBIII	a sinc	Tatt.	Him Enline of middle car	in Bone [6/26/47 000	2)
Address Tilghman, Md. Burial Burial Burial Cemetery Cemetery or crematory Location Tilghman, Md. Tilghman, Md. Burial Cemetery Cemetery Company Com	15. Birthplace Tilghma	n		Marie and the second		*******
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17 Burlal (Burlal, cremation, or removal, Which) (Cemetery or crematory Cemetery Location Tilghman, Md 18. Funeral director Newnam & Harrison Address St. Michaels, Md Address St. Michaels, Md 21. SIGNATURE Date thereof May (year) (City or town) (County) (Stato) Injured at home, farm, ledustry, public place (where?) Means of injury 22. SIGNATURE Means of Injury Replace Replace	Address Tilghman.	Md.				a reasonity.
Cemetery or crematory Cemetery Location Tilghman, Md. Injured at home, farm, lodustry, public place (where?) 18. Funeral director Newnam & Harrison Address St. Michaels, Md 23. SIGNATURE Where did injury occur? (City or town) (County) (Stato) Injured at home, farm, lodustry, public place (where?) Means of injury 23. SIGNATURE	Burial	Data there	May 3. 1947			
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Address St. Michaels, Md 23 SIGNATURE They Reely use						••••
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23 SIGNATURE				M. 10-1	11 200	0 . 1 . 0
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MAY 6 1947

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04369

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

290

/ OZKINI ION	Reg. Dist. No.
1. PLACE OF DEATH: Lake	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mashland County Quantan
City or town(If outside city or pown limits, write RURAL and give nearest town)	
Now long in above place of death?	City or town (If outside city or town ilmits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred:	Sireet No.
Nesson Warpetal	(If rural, give LOCATION)
low long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Baky Buy Fland	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W	20. DATE OF DEATH 5-11-47 147 at 2 12 P'M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
(b) Name of husband or wife Alas Alas Mullians of Layer	5-11-47 14/101. 10 2 pm 1947
7. Birth date of year	and thet I last saw h
deceased (mo., day, yr.) May 11-194/.	Immediate cause uf death Puratura
B. AGE: Years Months Days If less than one day	
hrs. 35 min	•
9. Birthplace Castana, Mid July	Due to
9. Birthplace (Town, county, and atate)	
10, Usual occupation	Due to.
11. Industry or business	
12. Name Haward William Lloyd	
13. Birthplace Was Youlls	
¥	(Include pregnancy within 3 months of death)
14. Malden neme	Major findings of uperatiuus.
15. Birthplace Olev Horks	Date of op.
6. Informant Marcie Gloryd.	Autopsy results
Address Tree Empton . M.J.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AUDIESS THE THE TOTAL TO	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which:) Date thereof (month) (hay) (year)	Accident, suicide, or homicide
Cemetery or crematory W. J. Quantical Joseph	Where did injury occur?
Centered of Centered of Control o	
Location Delication and Jacobs Capitan	Injured at home, farm, Industry, public place (where?)
18. Funeral director Meuro Ca Rospital	Maans of Injury Injured at work?
Address Scanland nad	
Audiess Caston 124	23. SIGHATURE M. D. or other
19 5/1/ 19 47 M. Nevre	the second of the second
(Date rec'd by registrar) Registrar	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1758

CERTIFICATE OF DEATH

(1371)9.90 Reg. Diat. No. 90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Jallat	State Manyland County Sallat
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How tong in above place of death? 18. 8a	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Castin Mensial Haspital	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter E. Mc Damel	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m B married.	- 1 17 10-
	20. DATE OF DEATH. J- 19 47 10 Quant
6.(6) Name of husband or wife Tachel, Mc Danel	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	and thet I last saw halive on19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	1,1.
66min.	Moster Mennicites Video
9. Birthplace Grappu - Lallet C marifane	Due to 1/A + 10/20
(Town, county, and state)	Juli wied mill
1B. Usual occupation	
	Due to
11. tndustry or business	
12. Name James ne Daniel 13. Birthplace Trappe, Md.	Dther conditions
I 13. Birthplace Trapper, Md.	
# Nelmed	(Include pregnancy within 3 months of death)
14. Malden name Surger Md	Major findings of operations
\$ 15. Birthplace fragefor, Md	Date of op.
16. Informant Auchal Me dans	Antonsy results.
C3 +- > - d	PHYSICIAN: Please underfine the cause to which death should be charged statistically.
Address Zaslon Ma	22. VIOLENCE: If death was due to external causes, flll in the following;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide. accident Date of #14-47
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Lapste ma	Injured at home, farm, industry, public place (where?)
P . b 1/	Msans of injury fallfron horse Unjured at work? Yes
16. Funeral director A Company	
Address 310 Sauth St. Carter sad.	Lacial Most mad Ap med Col.
5/2 12 7/1	23. SIGNATURE M, D, or other
19	Address Plaston ma Date signed 5-2-47

MAY 7 1947 BUREA: 8

CERTIFICATE OF DEATH

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Reg.	Dist.	. N	0			

age /	2411 N. Char	les St., Baltimore	d (4371
lect.	CERTIFICA'	TE OF DEATH	Reg. Dist. No
on carefully. The correcterly and legibly	1. PLACE OF DEATH: Julia to County	Street No.	County
cle	How long in hospital or institution?	2.(a) If veteran, name war	
information of death cle	3. (a) FYLL NAME. P. Hewnam		3. (b) Social Security Number
of jo	Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Semale water Tildow	MEDICAL Thay	CERTIFICATION 8, 19.47, at SA
every item te the caus	6.65 Name of husband or wife Urelliam 8. few rand	21. I CERTIFY that death occurred on the date	above stated; that Lattended deceased from 19.47, to March, 9
Supply every it lease write the	8. AGE: Years Months Days If less than one day 96 6 18	Immediate cause of death	unitered 48km
ADING INK. Physicians: pl	9. Birthpiace (Town, county, and affect) 10. Usual occupation Louisewife	Due to. Chilered and	roud 1040
	11. Industry or business	Other conditions	jocardetti sy
WITH UNF important.	13. Birthpiace fallot boo. M.d. 14. Maiden name Susau Dani Denson 15. Birthpiace fallot boo. M.d.	(Include pregnancy within	a 3 months of death)
- 5	16. Informant Industrial & Jews and	Antopay results. PHYSICIAN: Please underline the cause to	
PLAINLY, is especially	17. (Burial, cremation, or removal, Which?) Date thereof Mary 10 1947 (mouth) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of
WRITE	Commetery or crematory of the Constitution of	(City or tow Injured at home, farm, Industry, public place	
EASE	18. Funeral director Stellerell C. Jewann Son Address prestan The	23. SIGNATURE Joula	Roman
PLI	19. may 9 19.47 Josepharton	(Inde	his main signed 3/9/47

MARGIN RESERVED FOR BINDING



VS A15

1. PLACE OF DEATH:

- 3		, /					
Į,	1 11 /1	Harrison					
F	171-1	+BJULO M	MARYIAND	STATE	DEPARTMENT	OF	HEATTH
	0 1		THAT I TOUTHE	DIVIT	DUI WILLIAM	U	

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

04372

CERTIFICATE OF DEATH

Reg. Diat. No. 290

County	(For newborn infants give residence of mother)			
City or town Maryland (foutside city or town limits, write RURA) and give nearest town)	State Maryland County Caroline			
How long in about place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospilal, Institution, or street address where death occurred:				
Memorial Hospital Easton	(If rural, give LOCATION)			
How long in hospital or institution? 4 days	2.(a) If veteran, name war			
3. (6) FULL NAME	3. (b) Social Security Number			
William W. Park	er en			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	20. DATE OF DEATH Maif 16 1947 21.10 33 A. M			
CO. P1	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from			
6.(b) Name of husband or wife Alexandra and a land				
6.(c) if alive, give age 60 years	19.76 to May 18.47			
7. Birth date of	and that t lack saw h. Man alive on			
deceased (mo., day, yr.) + Qr. 2, 1882	Immediate cause of death Cardiar for the DURATION			
8. AGE: Years Months Days if less than one day	2 y lu			
64 3 9min.				
Bidaille DID	Due to arterio relustic caravary 24 hs.			
9. Birthplace (Town, county, and state)	Husey Cases			
10. Usual occupation. Handware Store				
10. Usual occupation.	Due to			
11. Industry or business				
12. Name Joseph Hanberr	Other conditions Secon lary accession 1480			
12. Name Joseph Parkers 13. Birthplace				
	(Include pregnancy within 3 months of death)			
# 14. Maiden name Doa Merurue	Major fiadiogs of operatioos			
14. Maiden name da Maruruse. 15. Birthplace				
	Date of op.			
16. Informant W. W. Harlser	Autopsy resolts.			
Address todara Dulina ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, till in the following:			
(Burial, cremetion, or removal, Which?) (Burial, cremetion, or removal, Which?)	Accident, suicide, or homicide			
71.000	Where did injury occur?			
Cemetery or crematory	(City or town) (Connty) (State)			
Location tadepalation no	Injured at home, farm, Industry, public place (where?)			
16:31	Means of Injury Injured at work?			
18. Funeral director				
Address Voleralieria, Mr.	23. SIGNATURE Veers from Hamison M.D.			
51.0	23. SIGNATURE. M. D. or other			
19	Address 214 6. Alove St. Ca tow Date signed? May 47			
/	·· AUUI 0 0 0			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County 7 clbol	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther)
City or town	State Mary land county I albert
Aff out the city or town limits, write RURAL and give marest town)	City or town (If uutside city or town limits, write RURAL and give nearest town)
How tong in above police of death?	
manoired Hospital	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mar Clarence Parroll	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manuel	20. DATE OF DEATH May 21, 19 47, at 5 G.M
8.(b) Name of husband or wife Man. 74 alla Purrott	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B (e) If all you give age week	august 1946, to 521-19 4
7. Birth date of deceased (mo., day, yr.) May 9. 190 2	and that I last saw h alive on 5 - 2 0 18 4
8. AGE: Years Months Days If tess than one day	Immediate cause of death
44 2 12hrs. min.	The state of the s
9. Birthplace Lalbot Co, Ind	Que to.
(Town, county, and state)	
10. Usual occupation. Lateranaia	Due to
11. tndustry or business	
12. Name Servers Parratte 13. Birthplace Fallor Co.	Other conditions
	(Include pregnancy within 3 months of death)
14 Maiden name Martha Lawers	
14. Malden name Marcha Lawers 15. Birthplace Salvar Co.	Major findings of operations.
h. Will Harris	Oate of op. 1/3.14
	Autopsy results
Address O stock, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
1 - 11 - 01	Where did injury occur?
Cemetery or crematory	(City or town) (Cuunty) (State)
Location 20 D Linub	Means of Injury Injured at work?
18. Funeral director	media di injuly
Address Casting, Mila.	13 Cox End
5/21 42 D. No. 2016	23. SIGNATURE M. D. ur uther
(Date rec'd by registrar)	Address 2 Date signed 5 2

MAY 26 1947 BOREAU V B.

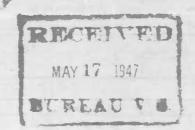
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

114014

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
E +	State mary and county Caroline Co.
City or town	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long in above place of death? 2 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or afreef address where death occurred:	
Memorial Hospital	Sireet No
12/	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ida Bell Warner	213-24-1845
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
1= B married	20. DATE OF DEATH. 5 / 7 19 4 7 at 7 / p. 1
Sinward Warner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	16 lps 19 47, 10 Thay 19 4?
7. Birth date of	and that I last saw h. Le alive on
deceased (mo., day, yr.) 1913 Lo 20 and	
8. AGE: Years Months Days If less than one day	Immediate cause of death
2 2 1	Chumaina of the lastingus?
34 mln.	o putastal
9. Birthplace Treessalmo ma	Due to
(Town county, and state)	
10, Usual occupation.	Due fo
11. Industry or business	DUC 1 U
KI (I) - PILLING	I aloue 3wle
Ė	Other conditions
Z 13. Birthplace Decembers Md	(Include pregnancy within 3 months of death)
H 14. Maiden name of old maker	
6 0 1 1 0 1	Major findings of operations
= 15. Birthplace Treensus, Ma.	Date of op.
16. Informant Disserved Warner	Antopsy results
Address Treemolers me	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or respectal Which?) Oate thereof. May 7 (Mony) (day (year)	Accidenf, suicide, or homicide
Cemetery or crematory	Where dld injury occur?
Location legratreenslow Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Raymond B. Rawlings	Means of Injury Injured at work?
	1 / 0/ 10
Addres Teethstore, Mc.	23. SIGNATURE / hus fra Hamian to. J.
19.5/10 1847 M.H. Merris	En fr. here land. M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

()4575 Reg. Diat. No. 296

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town. (If outside city town limits, write RURAL and give nearest town)	State County
How long in above place of death	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
3	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kacherin Ciarles Granington	J. (v) Bocian becamy manufer
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Wilsoned	
	20. DATE OF DEATH 19.4.7 21 1. M
B.(b) Name of husband or wife Warrange	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date ot	and thet I last saw haladalive on
deceased (mo., day, yr.) Fich. 16, 1870.	
8. AGE: Years Months Days It less than one day	Immediate cause of death
77 2 27hrsmin.	Charley Throng Lands
1 1 2 5 0 0	
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation.	Due to
11. Industry or business	
= 12, Name street Ayas	Other conditions
12. Name (Light Jan)	
x 12. max	(Include pregnancy within 3 months of death)
14. Maiden name Melance	Major findings of operations
M 00: 1 Part	
Address Gallen . Med .	Antopsy results
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, eremation, or removal, Which?) Date thereot (mooych) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory.	Where did injury occur?
Location Carity hs.	Injured at home, tarm, industry, public place (where?)
NEO: CReste	Moons of injury Injured at work?
18. Funeral director.	
Address Jeanson . Med.	23. SIGNATURE M. V. Palagram M. D. or other
1 5/13 y My 1. Marrie	
(Date fee'd by registrar)	Address & Date signed at The Shiphing



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give needest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Clara Webb.	217-14-88 00
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 25 edowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 21. A. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7. 3. Sirth date of 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	19.40
	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Bays 11 less than one day	Immediate cause of death
63 6 15hrsmin.	200gs
8. Birthplace Shelly (Town, county, and atotal)	Due to Chanic valuelas verthere 5 que
10. Usual occupation Characteristics workers 11. Industry or business Packing Rouse	Due to
12. Name. The Annual States of States and St	Other conditions
H 14. Maiden name Sockman 15. Birthplace Phenon mol.	(Include pregnancy within \$ months of death) Major findings of operations.
	Date of op
Address Resurs m.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial Cremation, or removal, Which?) Date thereof 5 - 10 - 47 (munth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory (minth) (day) (year)	Where did injury occur?
Location Sherwood mis.	Injured at home, 1arm, Industry, public place (where?)
18. Funeral director Andrews The Associated	Means of lojury Injured at work?
Address Drichaefe man	23. SIGNATURE Syring Reven med
(Date red d by registrar) 19 47 G. Welley Sestell Registrar	Address Tillering Day Bate signed way 8/9/4

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MAY 16 1947 BIREAU V S.

2411 N. Charles St., Baltimore

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Dr Lederer

CERTIFICATE OF DEATH Reg. Diat. No. 290	
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3. (a) FULL NAME Letter St. Welliams 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Male Colored Duroced	20. DATE OF DEATH // / 19/1/21.5/5/Q. M
6.(b) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace	Due fo
HE 12. Name Charles Hollings 13. Birthplace Cordova Tud 14. Malden name Muly Downe 15. Birthplace Cordova Muly	Other conditions
Address Date thereof (day) (year) (Burial, cremation, or removal, Which?)	Antopsy results
Lòcation Cometery or crematory Management of the Community of the Communit	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE
19. (Date rec'd by registrar) 19. Registrar	Address On The Court Hold signed V / N/47

FOR BINDING RESERVED MARGIN ect age

information carefully of death clearly and

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

国 WRITI

PLEASE

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MAY 24 1947 BUREAU V 8,

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County of Albert Co. City of Town To actor 200	State maryland county Queen and
City or lown	City or town
Messonal Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert allew Welleaues	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Black Single	2D. DATE DF DEATH MAY 14, 1947 19 # 21 1/1 45P.M
S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	may 9 19 47 10 May 14 194
7. Birth date of	and that I last saw h win allve on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
4hrsmin.	Istams 6day
8. Birthplace Centreville-Queen anne- Md. (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Ray Williams	Dither conditions
# 14. Maiden name Qques Scott Williams	(Include pregnancy within 3 months of death)
15. Birthplace Celetreville, Md.	Major findings of operations.
	Date of op
16. Intermant	Antopsy results
Address Cerelworll May land.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematary Chester field	Where did injury occur?
Ceretary of Grenning	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury injured at work?
Address Centracely Manyland_	or converge Then then Hamian his.
19. 5/15 19. 47 M. H. Neurus Registrar	23. SIGNATURE M. D. or other M. O. o

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MAY 24 1947

BUREAU V 8.

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Terroale White Married. 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 72 5 hrs. min. 9. Birthplace Coupation County, and state of the s	Immediate cause of death Cerebral because of death Due to
11. Industry or business 12. Name Fri P. Crus Rett 13. Birthplace Federcal aluna Md 14. Maiden name Many Ann Pennihvell 15. Birthplace Sussey Co Del	Other conditions
Address Federals Sure 2 1947 17. Burial Date thereof (month) (day) (year) Cemetery or crematory. Tright Comments of the comm	Actopsy resolts
Location Lederals Fing Md 18. Funeral director 5.5 Fram Stom & Son Address Federals Frura Md 19. 6 2 19 77 M. M. Meriu (Date ref d by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE Address Address Address Lean land and pare signed 4 from \$7

JUN 9 1947
BUREAU V 8